salts of the urine are innocuous to human beings; Bouchard's urotoxic coefficient is a very doubtful factor. The toxicity of the urine can only be considered established when the poisonous substance has been isolated, and in any event is not very great. As to intestinal antiseptics, **Brieger** agreed with Müller, though suggesting the possibility of serum antitoxin treatment. **Albu** held to the theory of auto-intoxication in many cases rather than the antiquated and inadequate reflex theory, though admitting the impossibility of chemical proof at present. Not only Bouchard's urine method, but also Albu's own method, by testing the toxicity of blood-serum, is ureliable, though from experiences with these we may infer that in many cases spontaneous changes in the physico-chemical conditions in the body set up abnormal metabolic changes. **Quincke** recommended yeast in pure culture, up to 150 c.cm. internally, as a remedy for intestinal decomposition. **Rosenheim** also had used yeast with success, but recommended menthol also. **Stern** and **Fürbringer** claimed a certain value for calomel. **Boas** said that in intestinal auto-intoxication there was often a renal insufficiency. Calomel acted at the same time on the bowels and kidneys. For excessive formation of intestinal gas salicylic acid was useful. **Strauss** had found both menthol and thymol useful in preventing the putrefaction of stools.—*München. med. Wochenschrift*, 1898, No. 17.

The Urine in Pneumonia.—F. **Pick**, at the recent Congress for Internal Medicine, called attention to a change in the urine in pneumonia not hitherto noticed. In twenty-four to forty-eight hours after the crisis the urine shows a marked fall in acidity, becoming neutral or even alkaline. This phenomenon, observed in thirty-one out of thirty-eight cases, remains for a day or a day and a half, and then the acidity returns. Pick explains the change as perhaps due to the absorption of the exudate, especially of the large quantities of sodium in it.—*München. med. Wochenschrift*, 1898, No. 17.

The Water and Alkali of the Blood in Nephritis and Uræmia.—**Bruner** (*Centralblatt f. inn. Med.*, 1898, No. 18) reports some observations that if confirmed and extended will add much to our knowledge of some obscure conditions. One of the most constant alterations in the blood in nephritis, according to him, is an increase of water in the serum. This has no constant relation with œdema. The blood-serum may be more dilute in cases with excessive diuresis and slight œdema than with the latter conditions reversed. It is difficult to discover whether albuminuria has any influence on the dilution of the serum, and if so, how much. Most evident and certain is the effect of uræmia on the blood as a whole. Distinct symptoms of uræmia were always associated with dilute blood, without regard to œdema, albuminuria, and amount of urine. In one case the difference in the amount of water in the uræmic and free stages was 3 per cent. In another case, in the free period, with marked œdema, there were 17.22 per cent. of solids; in the uræmic stage, with slight œdema and 1500 c.cm. of urine, 14.80 per cent. The dilution of the blood in uræmia seems to depend on an increase of the serum. In one case of uræmia there was no dilution, but on the other hand, the author observed no instance of greatly diluted blood without uræmia, although in chronic nephritis with cachexia this, of course, occurs. In the cases in question the uræmic symptoms were well marked. The author thinks that examinations of the blood may clear up the classification of the various states included under the term uræmia. He also thinks that œdemas and dropsies are modes of preventing an excessive dilution of the serum, and remarks on the fact that nephritic patients often feel comparatively well as long as the dropsies persist. Another characteristic of the blood in nephritis is the decrease in sodium, which also probably has an important rôle in the pathology of the disease. Practically, the author thinks the variations in the water of the blood may be of value in the prognosis. The determination may be made by Stintzing's method, with a few drops of blood, though it is better to use larger quantities, taken with a wet cup or a syringe. The use of cathartics to produce watery stools in uræmia receives a rational explanation from these observations, and the systematic use of large amounts of sodium salts seems worth trying.

SURGERY.

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A Fatal Case of Forcible Reduction in Pott's Disease—VULPIUS (*Cent. f. Chir.*, December 11, 1897), speaking of forcible reduction in Pott's disease, recommends that spinous processes be connected together by small bone periosteum flaps, so that later they may become united by a bony band of union. In applying the plaster-of-Paris jacket he advises that the patient be suspended after the correction in the ordinary manner employed when applying these jackets—that is, in a vertical position, after the correction has been effected. The application of the jacket is greatly facilitated by this manœuvre, and it seemingly has a beneficial effect upon the action of the anæsthetic.

The author reports the death of a five-and-a-half-year-old boy during this operation while the jacket was being applied in the manner usual in these cases. After the forcible extension and during the application of the jacket, clonic cramps in the limbs, gnashing of the teeth, and contracted pupils ushered in a collapse that was fatal, and from which the patient was not resuscitated by removing the jacket and restoring the curvature. A partial post-mortem only was allowed, and disclosed no sufficient cause in any injury of the cord or its membranes.